

Department of Public Safety and Corrections
Public Safety Services

EMPLOYEE DATA SHEET

PERSONAL DATA INFORMATION

Last Name	
First Name	
Middle Initial	
Social Security Number	
Date of Birth	
Nationality (ex. American)	
Gender (Male or Female)	
Marital Status (Single or Married)	

FAMILY/RELATED INFORMATION

Spouse's First and Last Name	
Spouse's Date of Birth	
Spouse's Social Security Number	
Name of Emergency Contact	
Phone Number of Emergency Contact	

ADDRESS INFORMATION

Privacy Request (Yes or No)	
Street Address	
City, State, Zip Code	
Mailing Address (if different from above)	
City, State Zip Code	
Residence Parish	
Home Telephone Number	

EDUCATION INFORMATION
(Highest Level Obtained)

Name of School	
School Location (State)	
Educational Certificate (Type of Degree)	
Branch of Study (Degree Major)	
Number of Hours if less than completion	

ADDITIONAL INFORMATION

Military Status	Choose One: <input type="checkbox"/> Inactive <input type="checkbox"/> Inactive Reserve <input type="checkbox"/> Reserve
Veterans Status	Check all that apply: <input type="checkbox"/> Disabled <input type="checkbox"/> Vietnam –era <input type="checkbox"/> Non-veteran <input type="checkbox"/> Other Veteran
Ethnicity	Choose One: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Non-Latino
Race	Check all that apply: <input type="checkbox"/> White (Caucasian) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Black (African American) <input type="checkbox"/> Asian
Are you retired from any state retirement system?	Choose One: <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the name of the retirement system.	

Employee's Signature	
Date	